

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Noemi's ARCH	CHAPTER 100.1
Address: 94-919 Kumuao Street, Waipahu, Hawaii 96797	Inspection Date: March 9, 2021 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE OF HAWAII
DOH-DHCA
STATE LICENSING

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Resident #1 – The following physician's orders dated 1/11/21 did not contain PRN indications:</p> <ul style="list-style-type: none"> • Triamcinolone 0.1% cream – Apply to affected area twice daily PRN • Mupirocin 2% ointment – apply to affected area twice daily PRN 	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Went to see Dr. Anita Albano, PCP. PCP put indication on Triamcinolone 0.1% cream, apply to affected area twice daily prn for rash. Mupirocin 2% ointment, apply to affected area prn for skin infection on March 12, 2021</p> <p>STATE OF HAWAII DOH-DHCA STATE LICENSING</p>	<p>March 15, 2021</p> <p>Z1 MAR 18 P1:31</p>

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Licensee's/Administrator's Signature: Noemi Laguit

Print Name: NOEMI LAGUIT

Date: march 15, 2021

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